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| **S:\GOHS Logos & Forms\GOHS LOGOS\1 - GOHS Logo Assortment\GOHS Logos Ducey Gov\gohs_color_blultr_ducey.jpg** | **Arizona Governor’s Office of Highway Safety**  **Final Statement of Accomplishments Report**  **FOR GOHS USE ONLY**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GOHS Grant Coordinator Initials: \_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
| **Agency Name:** | **GOHS Contract Number:** |
| **Project Title:** | |

The Project Director shall submit a Final Statement of Accomplishments Report to GOHS **no later than 30 days following the contract end date.**  All agencies receiving funding are required to submit this report in addition to their number of active contract quarters (maximum of four (4) quarterly reports). The report is a summary overview of the contracted project and is reviewed by the GOHS Project Coordinator. Please answer the following questions:

**How effective was the funded project in reducing or eliminating the identified traffic safety problem?**

**Were the goals and objectives outlined in the contract achieved?**

**Yes**  **No (Provide a detailed explanation)**

**What percentage of the awarded funding was expended? %**

**(If 100% of the funding was not expended, provide a detailed explanation).**

**What positive accomplishments or obstacles/deficiencies did the grantee face in pursuit of their respective goals and objectives?**

**Will the project be continued in the future?**

**Total Contracted Funding:**

**Total Funding Balance:**

**Project Administrator**

Printed Name: Position:

Signature: Date:

Email Address: Phone:

**Project Director**

Printed Name: \_\_\_ Position:

Signature: \_\_\_\_\_ \_\_\_\_\_\_ Date:

Email Address: \_\_\_\_\_\_ Phone: